FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000074414 (0)

1. Corporation Name

NORTH NAPLES URGENT CARE CENTER, INC.

Principal Place of Business: ~~4100 CORPORATE SQUARE SUITE 133 NAPLES FL 33942~~

Mailing Address: ~~4100 CORPORATE SQUARE SUITE 133~~ NAPLES FL 33942

2. Principal Place of Business
21 9975 TAMIAMI TRAIL, N.
22 Suite, Apt. #, etc: Suite 1
23 City & State: NAPLES, FLORIDA
24 Zip: 33963
25 Country: Collier

2a. Mailing Address
26 9975 TAMIAMI TRAIL, N.
27 Suite, Apt. #, etc: Suite 1
28 City & State: NAPLES, FLORIDA
29 Zip: 33963
30 Country: Collier

3. Date Incorporated or Qualified: 09/21/1995

3a. Date of Last Report

4. FEI Number: 65-061-2528 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCGANN, ROBERT C
~~4100 CORPORATE SQUARE SUITE 133~~
~~NAPLES FL 33942~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9975 TAMIAMI TRAIL N, Suite 1
83
84 City: NAPLES FLORIDA FL 85 Zip Code: 33963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] DATE 2/22/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MCGANN, ROBERT C	
STREET ADDRESS	~~4100 CORPORATE SQUARE SUITE 133~~	
CITY-ST-ZIP	~~NAPLES FL 33942~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	9975 TAMIAMI TRAIL N., Suite 1	
1.4 CITY-ST-ZIP	NAPLES, FLORIDA 33963	
2.1 TITLE	SECRETARY	☐ Change ☒ Addition
2.2 NAME	CARLOS M. PAISAN	
2.3 STREET ADDRESS	9975 TAMIAMI TRAIL N., Suite 1	
2.4 CITY-ST-ZIP	NAPLES, FLORIDA 33963	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)